DOCUMENT RESUME

ED 320 024 CE 055 178

AUTHOR Carraway, Cassandra Todd
TITLE Review of Literature on the Control of Nurse Burnout. Societal Factors Affecting Education Seminar.
PUB DATE Nov 87
NOTE 18p.; Specialization paper, Nova University.
PUB TYPE Dissertations/Theses - Undetermined (040) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; Coping; *Nurses; *Nursing Education; Relaxation Training; Stress Management; Stress Variables; Teacher Alienation; *Teacher Burnout; Teacher Morale; Teacher Motivation; Teacher Persistence; Teaching Conditions; Teaching Hospitals
IDENTIFIERS *Nursing Educators

ABSTRACT

As reflected in the Cumulative Index to Nursing and Allied Health Literature, no articles with the term burnout in their titles were published prior to 1978. However, by 1980 the number of articles about burnout had increased dramatically in an explosion of awareness of the problem. Various writers and researchers have identified the stressors that can lead to burnout for a nursing faculty member. Among the identified stressors are preparation and teaching of new courses; initiation of team teaching; assumption of leadership roles and administrative responsibilities; increased workload in relation to the amount of classroom teaching and increased committee responsibilities; the multiple relationships in which the faculty member is placed, including those with students, patients, families, other academicians, and other health care professionals; frequent involvement in conflict situations; and having to adopt a second profession (education) and its values and standards of competence, while maintaining the first profession (nursing) and its values and standards. Among the actions recommended for preventing and managing burnout are fostering a concept of collegiality among nursing educators, offering training programs that teach coping strategies, and fostering an organizational awareness of burnout problems. (36 references) (CML)

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SOCIETAL FACTORS AFFECTING EDUCATION SEMINAR

Review of Literature on the

Control of Nurse Burnout

SPECIALIZATION PAPER

by

Cassandra Todd Carraway

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SPECIALIZATION PAPER

The Societal Factors Affecting Education Seminar requires a Specialization Paper in partial fulfillment of the seminar requirements. The purpose of this paper was to present a review of related and appropriate literature pertaining to causes, effects, costs, prevention and alleviation, and inservice training programs on the control of nurse burnout. The review of literature consisted of burnout for nurses, faculty, and more specifically burnout in nursing faculty.

In allied health, as in other fields, burnout appears to be a new label for a traditional problem that received little formal recognition until recently. Inspection of the Cumulative Index to Nursing and Allied Health Literature reveals that no articles with the term burnout in their titles were published prior to 1978. Between 1978 and 1980 only four articles on burnout were recorded. However, by 1980 the number of articles about burnout had increased dramatically in an explosion of awareness.

The following nursing literature includes reports on the identification of stressors that can lead to burnout for a nursing faculty:

Eisenhauer (1977) sought to determine nursing faculty stressors from data collected from a mailed questionnaire of 19 items. Only full-time faculty members in the New England

area were included in the study population. Questionnaire return rate of 84.3% (N=301) resulted. The group studied noted as recent stressful changes: preparation and teaching of new courses; initiation of team-teaching; assumption of leadership roles and administrative responsibilities; increased workload in relation to the amount of classroom teaching and increased committee responsibilites. Faculty with the least amount of exposure and experience in academia had less role conflict than those with moderate exposure. Those with the greatest degree of academic experience generally had less role conflict/role ambiguity than the other two groups.

Kielinen (1978) similarly described conflict in academia in part related to the multiple relationships a nursing faculty is placed in, i.e., with students, patients, families, nurses and other health care professionals, and other academicians. The frequency and variety of these encounters with others required frequent personal risk-taking and lead to conflicts between values, beliefs, and behaviors. Kielinen stated communication techniques would be only a partial solution to these conflicts.

O'Conner (1978) similarly found that nursing faculty members are continually involved in conflict situations. The most frequent conflict sources identified were between faculty and students, faculty and administration, faculty and faculty, and between disparate perceptions and goals

held by individual faculty members. Sources of internal conflict for the individual faculty member included the adoption of a second profession (education) while maintaining the first profession (nursing); a fragmented education role with academic pressure to publish, do research and to serve in an administrative position; and discovering that evidence of competence and success may be more ambiguous and difficult to assess than in direct care situations.

Fry (1975) used Goode's theory of "Role strain" to identifly four sources of stress for nursing faculty; specific demands on time and place; different role relationships with different obligations; responses which may demand contradictory action or thought, i.e., nursing ideals vs. the real; and being engaged in numerous role relationships so that total role obligations are overloaded. Sweeney and Ostmol (1980) also made reference to the ongoing struggle of nursing faculty to interface with two value systems, that of academic and of practice, with this charge to faculty:

> It is essential that nurses who accept appointments to college faculty positions identify, combine, accept and internalize the academic value systems as well as their professional value system to develop and sustain creditable reputations among collegial counterparts.

Hipp (1978) reiterated this charge and related the need for faculty to be equally comfortable wit the two value systems to the need to attract the dwindling number of students to the nursing programs.

Mauksch (1980) also emphasized the need to nursing faculty to remain clinically competent in addition to being capable educators. Mauksch notes that both nursing students and other health professionals are questioning the clinical capabilities of nursing faculty and:

> cannot understand how a profession can claim the right to decision-making in an arena where its leaders and experts do not participate in the delivery of the very services they proclaim to promote (Mauksch, 1980:24).

Smith (1979) described a concern that rising demands upon nursing faculty are contributing to "burnout." Stressors cited were: two fifths of the working week was spent in clinical settings with students in addition to meeting requirement for providing lectures, seminars, and tutoring and a heavy commitment to community work; salary disparities with other academicians; and personal life disrupted, i.e., vacations not taken due to time pressures to meet requirements for promotion. Smith concluded there exists a lack of harmony between personal and institutional needs and expectations.

Granquist (1976) too, acknowledged the precarious position of the nursing faculty member who does not possess a doctoral degree. Tenure policies do not recognize life or work experiences. Nursing journals are not generally considered by fellow academicians to be prestigious enough for scholarly work. Defining nursing clinical problems and suggesting remedial actions are not considered to be true

research efforts. Being tenured does not assure a faculty member of less job-related stress as the tenured faculty are the subjects of accusations that "tenure" means further distancing from actual practice and thus perhaps lowered credibility (Foster, 1978).

Conway and Glass (1978) expressed a need for experienced faculty to monitor the workload for new faculty to prevent "burnout." The initial employment period was compared to a sorority's Hell Week. Flynn (1979), in a self-description of her first experience with teaching, expressed the need to rely on her own judgment to prevent being overloaded with input from others. She added faculty must not be dependent upon receiving positive feedback from students as this is unrealistic.

Students are active consumers of education and demanding of excellence from their faculty. Faculty are sensitive to such student demands and seek to meet student expectations. Dunlop and Smith (1979) administered Gadzella's 25-item questionnaire on "Expectations of the Ideal Lecturer" to nursing students in one baccalaureate program (the exact N was not reported). The students rated as most important from nursing faculty giving lectures:

1. Deep interest and enthusiasm for the subject taught.
2. Thorough knowledge of the subject.
3. Ability to present material to meet students interests and needs.

4. Use of appropriate language with clear explanations.

5. Sincere interest in teaching students.

6. Maintain relaxed atmosphere conducive to learning.

7. Well-organized lessons.

Additional nursing faculty stressors referred to in the literature are: pressure upon faculty to retain failing students, dealing with students admitted with deficiences or by lowered admission standards (Leatt and Schneck, 1980), being sued by a failed student (Palwecki and Palaweck, 1976), philosophical differences between what faculty espouse philosophically and what they do (Carter, 1978), evaluating student clinical performances (Mauksch, 1980; Smith, 1979), and being an effective committee member (Accola, 1978).

Ray (1984) identified several forces that impinge on the clinical nurse educators that render them susceptible to burnout.

1. They must accomplish their tasks in a relative short period of time.

2. Each educator must learn, be accepted into, and negotiate several complex systems in order to provide educational experiences effectively.

3. They must cope not only with their own positive or negative responses, they must also assist and support the students in identifying and coping with their positive and negative responses to the clients, staff and setting, and must also support the staff.

4. Unflagging adherence to high standards of performance by the clinical nurse educator is es-

> sential due to the high stakes involved - the life and welfare of the recipients of nursing care, the recipients of the educational process, and the nursing profession per se (Ray, 1984:220).

Jeglin-Mendez, (1982) and Lenhard, (1980) also noted the vulnerability of baccalaureate nursing faculty to stress which was symptomatic of a potential path leading to burnout. Both writers stressed the importance of increased self-knowledge on the causes and possible prevention techniques to combat the process of burnout.

It was evident from the literature review that baccalaureate nursing faculty are a high-risk group that are susceptible to stress and burnout. The review of literature did not reveal any studies on stress and burnout for nursing faculty with the exception, they are not required to have a doctorate in order to attain tenure in a Community College as a nursing faculty member.

The popularity of the concept of burnout is readily apparent in a burgeoning literature that decries the ravages of a recently labeled but traditional problem among health professionals. Although there has been a significant increase in awareness of this problem, the current data base on the burnout phenomenon have blurred the definitional boundaries of the problem, while emphasizing its multidimensional nature. As a complex problem with no single set of antecedents or consequences, burnout represents a significant challenge to those concerned with managing it. Its

symptoms are highly variable and typically appear in a syndrome with manifestations in physical, emotional, cognitive, and behavioral areas of functioning. Among the most frequently noted symptoms are the following as noted by Muldary (1983:14):

1. Loss of idealism.
2. Decreased commitment to helping.
3. Emotional detachment from patients.
4. Negative attitudes toward patients and one's work.
5. Feelings of powerlessness over the condition of one's work.
6. Mental and physical exhaustion.
7. Adoption of a rigidly technical approach to one's work.
8. Increased escape and avoidance.
9. Appearance of various psychosomatic ailments.

Prevention and Management of Burnout

According to Patrick (1981:53), prevention and management of burnout can be accomplished through a two-pronged approach of self- and system-generated efforst to develop effective coping strategies. The writer further added that each health worker can increase personal understanding of burnout risk factors, self-assessment methods, and self-care strategies as a means to prevent or to manage the adverse impact of burnout. The assessment process requires intense participation, adequate time, and a clear commitment to the

endeavor. Without detailed assessments, training programs are built on foundations of quicksand and consequently fail to accomplish positive results. An important side effect of the assessment process is an increased mutual understanding between the individual and the organization, wherein the final goal of each becomes mutual. Such an expanded understanding helps diminish the rigid "we-they" belief system.

Beyer and Marshall (1981) discuss the importance of the concept of collegiality among nurse educators; this includes confidence and trust, mutual help, mutual support, friendliness and enjoyment, team efforts toward goal achievement, creativity, open communication, and freedom from threat. They suggest programs dealing with conflict and sharing for the management of stress and burnout. The survey instrument utilized in the study was the Survey of Collegial Communications that was slightly modified from Taylor and Bowers (1972) to make it appropriate for nursing faculty (Beyer, 1981:113).

Fry (1975:5) asserts that faculty have and use the ability to "make or break" their colleagues' careers. The power that exists within the collegial community is a power felt in some manner by all professionals in higher education.

Beyer and Marshall (1981:662) asserted that the stresses of academic life may influence the interactions of nurse educators with their professional colleagues. The purpose

of the writers study was to identify professional stressors as barriers to communication and to acknowledge that they do, in fact, exist, and that they probably have much to do with nonsupportive relationships with schools of nursing. They suggested that nursing faculty members would benefit from programs on the management of stress and burnout. They acknowledge that many current programs already exist, but new ones could be developed to meet specific needs. They continued to note that as faculty members cope with and alleviate stress, the interpersonal climate undoubtedly will change, even if initially it occurs one person at a time (Beyer and Marshall, 1981:665).

Lenhart (1980:425) noted that some nursing faculty reach the burnout stage early and decide to become complacent and abdicate their power and authority to maintain standards, thus the system starts falling apart and everyone loses. School of nursing are accountable, by current standards, to the students. The Nursing Profession is accountable to society, and Nursing educators are accountable to all (Lenhart, 1980:425).

Jeglin-Mendez (1982) also noted that clinical nurse educators are subject to conditions that may lead to multisensory emotional input causing constant energy drain and placing them square on the path for potential burnout. The study discussed a project learning approach that would eliminate as many burnout-provoking elements as possible while

channeling time and energy toward one common goal. Instead of learning objectives being previously fragmented, they were consolidated about one central topic for group study. The goals of the plan were achieved, and the writer and her students experienced renewed enthusiasm for the teaching-learning process.

The burden of self-renewal, the major antidote for preventing or recovering from burnout, falls upon each clinical nurse educator (Storlie, 1979:211). This renewal encompasses both the personal and professional aspects of one's life.

Ray (1984:220) discussed several strategies for strengthening one's body defenses and emotional well-being for clinical nurse educators. These include:

1. Good dietary practices.
2. Physical exercise.
3. Relaxation techniques.
4. Interests outside of nursing, and relationships with others.

The writer also noted that the sources of burnout for the clinical nurse educator are also avenues for self-renewal as follows:

1. Self-esteem can be developed of raised through the publication of one's beliefs and ideas.
2. Providing continuing education programs for eager, interested participants can be rewarding and stimulating.
3. Continuing one's own education through attendance workshops, classes and self-study enhan-

ces personal growth and a feeling of fulfillment.

4. The impact of the rapid turnover of students can be transcended by evaluating the relationships that one has with students.

5. Colleague support groups are useful in preventing or recovering from burnout (Ray, 1984:221).

The major benefit of colleague support groups is the integration of the clinical nurse educators into a reference group that provides validation of professional ideas, visions, and commitment (Ray, 1984:221).

Muldary (1981:54 and Ray, 1984:221) discussed the importance of administrators responsibility to recognize and consider the two-prong approach to burnout prevention and management. Such as the acknowledgement of the differences between the teaching loads of clinical nurse educators and those of others in the college. Individual awareness and organization awareness must both be present in order to obtain an increased mutual understanding wherein the final goal of each becomes mutual. According to Muldary (1981:54) knowledge of current and potential conditions needing change decreases the intensity of risk and encourages the individual, as well as the organization, to undertake necessary changes in burnout care.

Ray (1984:221) concluded that the task assigned to the clinical nurse educators is essential for the welfare of the consumers of nursing services as well as the profession of nursing. The resource pool of nurses qualified as clinical

nurse educators in the colleges is limited. Every effort must be made to protect these nurse educators from burnout.

Hinds et. al. (1985:63) study noted that a card-sort methodology was found to be a rapid and systematic approach for the identification of stressors for a baccalaureate nursing faculty. They noted that multiple stressors exist within the role of nursing faculty and categorized them into four main sections: stressors related to Academia, Administration, Clinical, and Classroom. The methodology provided assistance with prioritizing such stressors for problem solving by the faculty. The method provided a structure for examination of personal and faculty concerns of both role-related and task-related stressors. Faculty commented positively upon the ease of completing the card-sort and expressed an eagerness to view the results.

Lachman (1983) in her book on Stress Management: A Manual for Nurses also discussed the importance on individual and organization strategies in the prevention, control, and treatment of burnout.

It was evident from the literature review that clinical nurse educators are susceptible to burnout and if indeed this does occur it has a significant affect not only on the individual but the profession of nursing as well.

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